

# Health Department, City of Baltimore.

Permit No. A 1041 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887

Full Name of Deceased, Edw. Whelan  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 17 Months, 15 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Germany

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 27 years

Place of Death, 1608 E. Jackson St.  
{ Give Street and Number. }

Cause of Death, Dysentery  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ceter Hill Cem

Date of Burial, July 10<sup>th</sup> 1887

Undertaker, Julius Koepke

Place of Business, Sharps Corner

O. A. Cooke M. D.

Medical Attendant.

Address, 104 Footaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1042 Office of Registrar of Vital Statistics.

Ward 17 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Brogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 ~~50~~ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give Street and Number. } Columbia Iron Works.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy from heat.  
Shock.

Duration of Last Sickness, 3/4 of an hour

All the above information should be furnished by the Physician.

Place of Burial, Bonne Bran

Date of Burial, July 9/87

Undertaker, C. J. Scriven

Place of Business, 925 Madison Ave

J. J. Flannery  
Coroner

Address, 1701 Druid Hill Ave.

M. D.

Medical Attendant

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department City of Baltimore.

Permit No.

1043

Office of Registrar of Vital Statistics.

Ward,

6<sup>11</sup>/<sub>4</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1515 McEldry St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9<sup>th</sup> 1887

Undertaker, John E. Grace

Place of Business, 313 Sandline St Address, 1437 Orleans St

M. D.

Medical Attendant.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

## Health Department, City of Baltimore.

Permit No.

1044 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bessie J. Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1815 Etting St

Cause of Death, {

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Westmoreland County Va

Date of Burial,

July 8

{ Undertaker,

John H. Owens

Chas E Sadler

M. D.

{ Place of Business,

502 Pearl St

Address,

2100 Smith Hill Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. A. 1045 Office of Registrar of Vital Statistics.

Ward 19<sup>e</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 8<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Ann Connolly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow.

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kiipster Jamaica.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give Street and Number. } 1413 W. Ball-st.

Cause of Death, { First (Primary), Second (Immediate) } Brain Tumor  
knowledge of having a tumor  
Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 9<sup>th</sup> 1887

{ Undertaker, Denny & Mitchell

{ Place of Business, 201 W. Fayette

Amman T. Hill M. D.  
Medical Attendant.

Address, 17 W. Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No.

1046

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 6<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Sue -

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

24

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

4 years -

Place of Death,

Give Street and Number.

University Hospital

Cause of Death,

First (Primary),

Second (Immediate),

Tuberculosis Intestis  
Exhaustion

Duration of Last Sickness,

(3 wks.) Three months

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cem

Date of Burial,

July 8, 1887

M. D.

Undertaker,

Henry Mc Ginnis

Medical Attendant.

Place of Business,

#206 St. Cal. Ave

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A 1047

Office of Registrar of Vital Statistics.

Ward

19<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 6/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Justina Owens

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

48

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Carroll Co Md

Duration of Residence in the City of Baltimore,

20 yrs

Place of Death,

{ Give Street and Number. }

523 Pariah St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Chrysipelas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Bene

Date of Burial,

July 8<sup>th</sup> 1887

{ Undertaker,

H. A. Dunger

Medical Attendant.

{ Place of Business,

150 East St

Address.

200 N. Calver

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. A 1048

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 7<sup>th</sup> 1887 24 Days

Full Name of Deceased, John E. Stevens  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years,

Color, White Months,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sea Captain

Birth Place, Many land  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, University Hospital  
{ Give Street and Number. }

Cause of Death, Fibroid Phtisis  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Exhaustion  
4 yrs one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 8<sup>th</sup>

Undertaker, H. W. Toll

Place of Business, 421 Hanover St.

Address, University Hospital

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A. 1049 Office of Registrar of Vital Statistics.

## Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irwin Van Koud.

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not  
required in this line. } Male

Age,            Years, 5 Months,            Days.

Color, Black

*Married, Single, Widow or Widower,* { Cross out the words not  
required in this line. }

Occupation,

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 1/2

Place of Death, { Give Street and Number. } 10 June St. La

Cause of Death, { First (Primary),  
Second (Immediate), *Ch. Infantum*

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Chapel St. Cem

Date of Burial, July 18<sup>th</sup> 1887

( Undertaker, Tom Dungee

Place of Business, East St

Comm "F" Heart + Registrar  
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John E. Dunning Inspector



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

## Health Department, City of Baltimore.

Permit No. A 1057 Office of Registrar of Vital Statistics.

Ward 52

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

July 8<sup>th</sup>/1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

James Donohue

Sex, Male or Female, {Cross out the word not required in this line.}

Male

Age,

Years,

Eight

Months,

Eight

Days.

Color,

White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Maryland

Duration of Residence in the City of Baltimore,

Life

Place of Death, {Give Street and Number.}

814 Hillen St

Cause of Death,

{First (Primary),

Cholera Infantum

{Second (Immediate),

Exhaustion

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

July 9<sup>th</sup>/1889

{Undertaker,

Wm. R. Byrne

Samuel Bell

M. D.

Medical Attendant.

{Place of Business,

Front St

Address,

314 2 4th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]